		1 200	
STATEMENT OF ORGANIZATION		OFFICE USE ON	
Name and Address of Committee	2. Date of this Statement	Pac	
La Fam PAC,	1/13/14	\$10 1/23	_
gia Tara Blva	3. Estimated Membership	1/23	4 2
Baton Rouge, LA 70806	200		400103
Check If:	4. Amended Statement?		
New Committee Monthly Filer	Yes	Rec # 86403	
All Committee Officers and Directors (including Chairperson, Treasurer	I r, if any, and any other committee of	ficers and directors)	
a. <u>Name</u> b. <u>Position</u>	c. Address	10	
margnette picou, mp Chairperson 919	tura biva, but	nkunge, LA 70806	
Wayne braveis, MD Treasurer 414	Tura Biva, Buton	nkunge, LA 70806 Runge, LA 70806	
	4		
Affiliated Organizations (Any organization, other than a political committee, which directly or inc	directly established, administers, or	financially supports this committee.)	
a. Name b. Address		c. Relationship to Committee	
Louisiana Academy aga Tara		group will be the	
of family physician's Baton Rou	4e, LA 70806 in	main' source of come and administra	h O
All Depositories for Committee Funds (committee funds must be depositunds.)	sited in one or more banks or saving	s and loan institutions or money market mutual	
a Name h Address			
mare 8578 6009w	ood blud		
Bank Baton koug	e, LA 70806		
J 3			_
IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Che Committee	eck one: Principal Camp	aign CommitteeSubsidiary	
b. Name of Candidate		c. Office Sought by the Candidate	
		Emily Control	
9. a. Name of Person Preparing Report			
b. Daytime Telephone			
10. WE HEREBY CERTIFY that the information contained in this STATEN	MENT OF ORGANIZATION is true ar	nd correct to the best of our knowledge, information	on
12	.1	چې پېښې نو پېښې او پې پېښې د او پېښې پېښې د او پېښې پېښې او	
This 10 day of January, 201	<u>4</u> .	5	
CAS O P : .m. s	310	7-362-2971	
Signature of Committee Chairperson	Day	time Telephone Number	
Wayne Gravain up	<u> </u>	6 · 436 - 0365	
Signature of Committee Treasurer, if any	Day	time Telephone Number	